## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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Commissioner for Patents
P.O. Box 1450
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or Fax (571)-273-2885

|                                                                                                   | INSTRUCTIONS: This appropriate, All further indicated unless correcte maintenance fee notificat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ed below or directed oth                                                                                                                                                                                                                                        | for transmitting the ISSU of the Patent, advance of the Patent, advance of the transfer in Block 1, by (a | JE FEE and PUBLICAT<br>rders and notification of<br>a) specifying a new corre                                                                                                                                                                                                                                                                                                                 | FION FEE (if require maintenance fees we espondence address; | ed). Blocks 1 through 5 s<br>ill be mailed to the current<br>and/or (b) indicating a sepa                                                             | hould be completed where correspondence address as arate "FEE ADDRESS" for                                                    |
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|                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ENCE ADDRESS (Note: Use B                                                                                                                                                                                                                                       | ock I for any change of address?                                                                          | Fe pa                                                                                                                                                                                                                                                                                                                                                                                         | e(s) Transmittal. This<br>pers. Each additional              | certificate cannot be used t                                                                                                                          | or domestic mailings of the<br>for any other accompanying<br>ent or formal drawing, must                                      |
|                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NTERNATIONAI<br>LEGE AVENUE                                                                                                                                                                                                                                     | Z INC (M)                                                                                                 | AR O 1 JOON BY Ste                                                                                                                                                                                                                                                                                                                                                                            | ereby certify that this                                      | ificate of Mailing or Trans<br>s Fee(s) Transmittal is being<br>th sufficient postage for fir<br>Stop ISSUE FEE address<br>O (571) 273-2885, on the d | emission<br>g deposited with the United<br>st class mail in an envelope<br>above, or being facsimile<br>late indicated below. |
| 03                                                                                                | 3/02/2007 SSESHE2 00000069 040780 10518964                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                               | Teresa Euculano (Depositor's nam                             |                                                                                                                                                       | (Depositor's name)                                                                                                            |
| 05                                                                                                | FC:1501 1400.00 DA<br>FC:8001 30.00 DA<br>FC:1504 300.00 DA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                               | 2/27/07                                                      | Euculano                                                                                                                                              | (Signature)                                                                                                                   |
|                                                                                                   | APPLICATION NO.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FILING DATE                                                                                                                                                                                                                                                     |                                                                                                           | FIRST NAMED INVENTO                                                                                                                                                                                                                                                                                                                                                                           | R .                                                          | ATTORNEY DOCKET NO.                                                                                                                                   | CONFIRMATION NO.                                                                                                              |
|                                                                                                   | 10/518,964 12/20/2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 | ·                                                                                                         | Wigbert Hauner                                                                                                                                                                                                                                                                                                                                                                                |                                                              | DEG-FIRING                                                                                                                                            |                                                                                                                               |
|                                                                                                   | TITLE OF INVENTION:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | : DEVICE FOR FIRING                                                                                                                                                                                                                                             |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                               | T                                                            |                                                                                                                                                       |                                                                                                                               |
|                                                                                                   | APPLN. TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                 | ISSUE FEE DUE                                                                                             | PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                                                           |                                                              |                                                                                                                                                       | l                                                                                                                             |
|                                                                                                   | nonprovisional                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | NO                                                                                                                                                                                                                                                              | \$1400                                                                                                    | \$300                                                                                                                                                                                                                                                                                                                                                                                         | \$0                                                          | \$1700                                                                                                                                                | 02/28/2007                                                                                                                    |
|                                                                                                   | EXAMINER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                 | ART UNIT                                                                                                  | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                | _                                                            |                                                                                                                                                       |                                                                                                                               |
|                                                                                                   | PELHAM, JOSEPH MOORE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                 | 3742                                                                                                      | 219-408000                                                                                                                                                                                                                                                                                                                                                                                    |                                                              |                                                                                                                                                       | · · · · · · · · · · · · · · · · · · ·                                                                                         |
|                                                                                                   | 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                 |                                                                                                           | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Douglas J. Hura  2 James B. Bieber  3 Daniel W. Sullivan |                                                              |                                                                                                                                                       |                                                                                                                               |
|                                                                                                   | 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |                                                                                                                                                       |                                                                                                                               |
|                                                                                                   | PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |                                                                                                                                                       | ocument has been filed for                                                                                                    |
|                                                                                                   | DENTSPLY I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | International                                                                                                                                                                                                                                                   | Inc. Y                                                                                                    | ork, Pennsylv                                                                                                                                                                                                                                                                                                                                                                                 | ania, U.S.A                                                  | •                                                                                                                                                     |                                                                                                                               |
| Please check the appropriate assignee category or categories (will not be printed on the patent): |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |                                                                                                                                                       | oup entity Government                                                                                                         |
|                                                                                                   | 4a. The following fee(s) a  Solution like in the see in | o small entity discount p                                                                                                                                                                                                                                       |                                                                                                           | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 040780 (enclose an extra copy of this form).                                          |                                                              |                                                                                                                                                       |                                                                                                                               |
|                                                                                                   | 5. Change in Entity Status (from status indicated above)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |                                                                                                                                                       |                                                                                                                               |
|                                                                                                   | a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |                                                                                                                                                       | FR 1.27(g)(2).                                                                                                                |
|                                                                                                   | interest as shown by the re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | OTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party terest as shown by the records of the United States Patent and Trademark Office. |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |                                                                                                                                                       |                                                                                                                               |
| Authorized Signature Date 226 07                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                               |                                                              |                                                                                                                                                       |                                                                                                                               |
|                                                                                                   | Typed or printed name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Jame                                                                                                                                                                                                                                                            | s B. Bieber                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                               | Registration No                                              | 28054                                                                                                                                                 |                                                                                                                               |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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